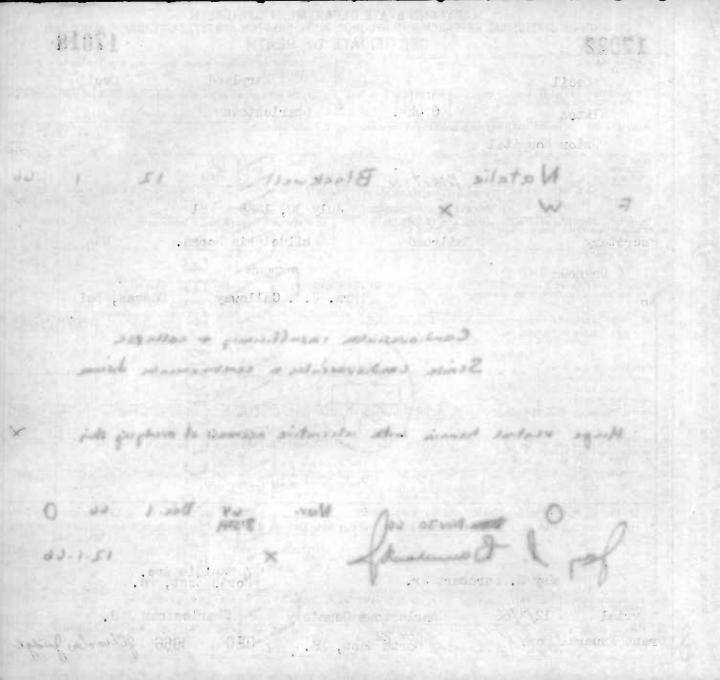
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacaased lived, If Institution: Residence before edmission) a. COUNTY Page a. STATE b. COUNTY files. MARYLAND b. CITY OR TOWN (if outside corporate limits, Department E. LENGTH OF STAY IN 16 CITY OR TOWN (It outside corporate limits, write RURAL and give neerest town) director. write RURAL and give nearest town for your d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE funeral ON A FARM refained State after NO K YES T NAME OF DATE Month Dey the the hours DECEASED OF DEATH with the 72 hours (Typa or print) and 3 to /5. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2 wit last birthday) Months Hours Min. within DIVORCED WIDOWED 40 after 2,2 YIS. pages 1 and USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Stote 12. CITIZEN OF WHAT COUNTRY? Office along with form PM3. Page Pages 1, done during most of working life, even if retired) usewe event 13. FATHER'S NAME MOTHER'S MAIDEN NAME Give in any E G 15. WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyasgiva war or dates of servica) pue rone executed in Item 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] or removal, INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: in pencil IMMEDIATE CAUSE (a) DUE TO pinous Conditions, if any, which cremation, gave rise to immediate cause 10 w "pending" DUE TO as (e), steting the undarlying Medical Examiner pesn causa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) I CERTIFICATION 19. WAS AUTOPSY to burial, pe PERFORMED? writing the word Chief Medical E YES NO plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of Injury in Part I or Part II of itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. agent, prior 3 R: Page 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) (actory, street, office bldg., etc.) While Not While should be forwarded to the **FUNERAL** DIRECTOR: F at work at work 21. I certify that I book charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 115 SEPUTY MEDICAL EXAMINER 6 **EXAMINER'S** NAME (Type) town or county A shoul O FUN Health DATE/THEREOF 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town or county REMOVAL (Specify) Julington urial 23. FUNERAL DIRECTOR 240. REC'D BY REGISTRARY 246. REGISTRAR'S SIGNATURE DATE 5M 1/63

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Marvland Cecil hours after Cecil by the Pages 1 urs after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) completely filled in by to ove carbon papers. Page y event, within 72 hours a wks. Charlestown Elkton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Union Hospital NoX YES executed within NAME DE Middle Lest DATE Month Year DECEASED 13 19 66 (Type or print) DEATH ackwell and con 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 9. 7. MARRIED NEVER MARRIED last birthday) | Months | Days Hours WIDOWED X July 30, 1885 81 DIVORCED | 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe ician during most of working life, even if retired) INDUSTRY COUNTRY? Decretary Railroad Phildelphia Penna. TISA requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address the attent t permit. 5 (Yes, no, or unkown) | (If yes give war or dates of service) Odessa, Del Mrs. J.C. Walloway cramation, 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH igned by PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) andiovascular attending physician. Jines been street the burial, controlled to DUE TO Conditions, If any, which gave rise to immediate **OUE TO** cause (a), stating the prior underlying cause last. 33 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY r this certificate h detached for use te Dept. of Health I for use Health PERFORMED? NO-V necroals at overly in 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 2Dd. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m. at work AP 19 64, to Dec. 1 1966, that (1) (we) last 21. I certify that (II) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the 4. Nov 3019 64. and that death occurred at 2:50M. from the causes and on the date stated above. say the deceased alive on 22a. SICNATURE 22b. DATE SICNED ATTENDING pe page 12-1-66 DIRECTOR M.D. FUNERAL O HOSPITAL 22c. PHYS CIAN 22d. ADDRESS TO FUNERAL director, p Mauldin Ave NAME (Type) S. Barnhart Jr. Jav North East. Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) 12/3/66 Charlestown Charlestown Cemetery ADORESS 24. FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Grant North East. Md. 1966 VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17023 CERTIFICATE OF DEATH executed within 24 hours after death and campletely filled in by the funeral remave carbon papers. Pages 1 and and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) CEC/L o. COUNTY b. COUNTY CECIL. MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, Mo. COLURA please remave carbon papers. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS within 72 ON A FARM? YES NO [4. DATE 3. NAME OF Doy Year First DECEASED COOK BURKINS OF DEATH DEC. 1966 9. AGE (In years IF LINDER 24 HRS **NEVER MARRIED** last birthdoy) Months Hours WIDOWED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) requires that the death certificate be during most of working life, even if retired) HARFORD CO. physician 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the attending phys CANTLER CURRY DAVID SALLY 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 6 220-07-3348-4 INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been as the WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? for use NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While ot work of work 21. I certify that (1) (this hospital) attended the deceased from Dog. , 1954, to Mich 2 , 19 65 that (1) (we) last Wee 19 1966, and that death occurred of M. fram couses and an the date stated above saw the deceased alive on_ 22b. DATE SIGNED 220. SIGNATURE ATTENDING PHYS. M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) directar, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23o. BURIAL, CREMATION, 00 COLORA NEW BRIDGE CEM. CECIL 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 966 VR A15 (4) RISING SUN 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND CERTIFICATE OF DEATH funeral and 2 death./ hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Pages 1 b. COUNTY a. STATE MARYLAND b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) sician and completely filled in by lease remove carbon papers. Pag and in any event, within 72 hours 4640 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 260 YES NO NO executed within 3. NAME OF DATE Middle Last Day DECEASED OF DEATH (Type or print) URNLEY 1966 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH NEVER MARRIED 8. 7. MARRIED WIDOWED - 20 DIVORCED (Vrs. 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT d by the attending physician transit permit. Then please is cremation, or removal, and in during most of working life, even if retired) COUNTRY? HOUSE WIFE FATHER'S NAME MOTHER'S MAIDEN NAME E551E 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) death CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PHYSICIAN: The law requires that the the hospital or attending physician. ONSET AND DEATH TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transi should be filed with the State Dept. of Health prior to burial, crem PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO (a), stating underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA WAS AUTOPSY PERFORMED? NO K YES [20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, (State) 2Df. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While OR ATTENDING be retained by at work at work 21. I certify that (I) (this hospital) attended the deceased from. NOV 1966 to 27, 1966, that (I) (we) last ... and that death occurred at 103%M, from the causes and on the date stated above. saw the deceased alive on. 1966 22b. DATE SIGNED 22a. SIGNATURE PHYS. STAFF PHYS. Page 4 may t M.D. DIRECTOR PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) (State) REMOVAL (Specify) CEMETERY 70 M AK 7 25a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) DATE 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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	PLACE OF DEATH a. COUNTY	.,				2. USUAL RESIDENCE a. STATE		l lived, if institut b. COU		befare admiss	ian)
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	NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE OF	Man	th	Day Y	BOL
((Type ar print)	Ja	mes	A.	Ca	amphell Jr.	DEATH	12			66
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	22d. SIGNATURE	Mary	H. Th	llis	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		TE SIGNED	200
	22c. PHYSICIAN'S NAME (Type		G	221 26 2	360	22d. ADDRESS	ital De	erry Poi	nt W	4	3.70
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23a	BURIAL, CREMATIC			23c. NAME OF CEMET	ERY OR	REMATORY	23d. LOCA	TION (City or To	iwn) (State)
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then plause Temove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, orbin any event, within 72 hours after death. **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physicion.

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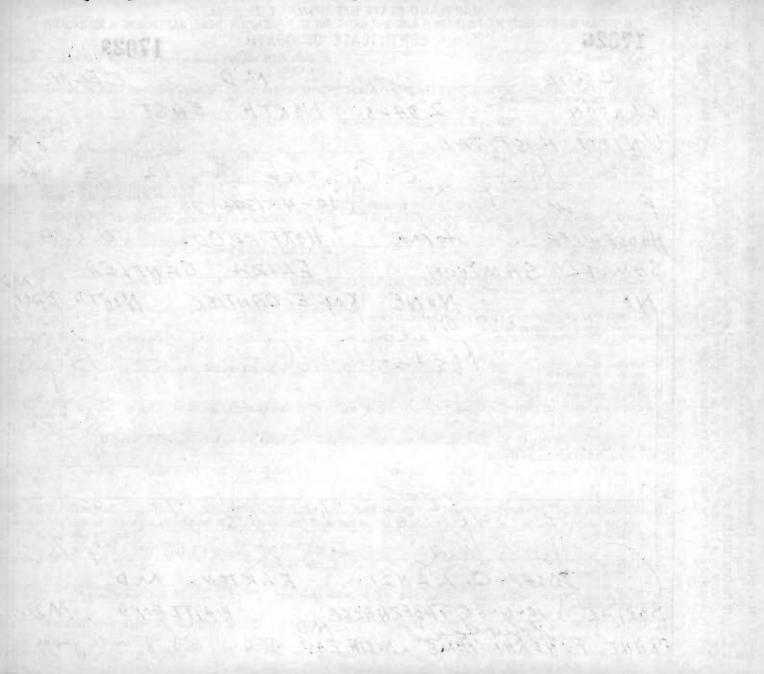
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit, permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 hours after death, **O HOSPITAL OR ATTENDING PHYSICIAN.** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7026 CERTIFICATE OF DEATH

	2000	4163	
	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Re	esidence before admission)
П		a. STATE b. COUNTY	F-11
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-	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
1	ELKTON 2 DALC	NICETH FACT	071
ŀ	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	170 1 1/1 1/1 1/1 3/	La 10 DECIDENCE
.	a. HAME OF HOSPITAL OR INSTITUTION (II not in nospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
/1	UNIEN HOCPITAL		YES TO NO
	- 11 11 21 11 11		
п	3. NAME OF First Middle	Last 4. DATE Month	Day Year
н	(Type or print)	1/8 DEATH 1/2	3 1966
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER)	
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	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR		TIZEN OF WHAT
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	HOUSEWIFE HOME	HANTOKA, CO.	15.17.
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1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT	- 1/1
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		ATER TO THE TERMINAL DISCASE CONDITION CIVEN IN DART 1/a)	119. WAS AUTOPSY
	FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISCASE CONDITION GIVEN IN PART 1(4)	PERFORMED?
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-	21. I certify that (1) Ithis hospital) attended the deceased from.	11/4 , 1966 to 17 , 196	that (1) (we) last
-	saw the deceased alive on 12/7 1966, and that	at death occurred at 7 M, from the causes and on the	e date stated above.
_ [22a. SIGNATURE		TE SIGNED/
- [\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	ATTENDING MED. STAFF 7	2/- //
	M.	D. PHYS. DIRECTOR PHYS.	13/66
	2c. PHYSICIAN'S NAME (Type)	22d. ADDŘESS	1-40
	A MANE (I) POSEPH C. LANZI	ELKICH, MD	
	23 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)
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	DORIAL 10-6-66, IHBERNACL	F WHILE FORD	, /VID:
	24. FUNERAL DIRECTOR (ADDRESS	D 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
	Name Tolling Today	CALL DECC 1000 Williams	2. Verdas
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VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17027 deoth requires that the death certificate be executed within 24 hours after death ond completely filled in by the funeral remove carban papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. STATE Maryland o. COUNTY b. COUNTY Cecil MARYLAND within 72 hours after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Perry Point c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) 3 days Colora d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS VA Hospital None YES NO TY 3. NAME OF Middle 4. DATE Month Year First Lost Day DECEASED 1966 December 11. Cifaldo DEATH Frank (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 24 birthdoy) Months Doys Hours 2-11-42 White WIDOWED DIVORCED Male 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS DR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)

Laborer INDUSTRY Cecil County, Maryland Chemical U.S.A 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Angelo Cifaldo Angelina Charles IS. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 220-40-1855 ost Korean VA Hospital Records, Perry Point, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:

A Cutte mult buriol-transit p 3-6 hours Acute pulmonary congestion and edema IMMEDIATE CAUSE (o) signed by DUE TO 5-6 days Toxemia of unknown etiology Canditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying cause TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 moy be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been as the 19. WAS AUTOPSY PERFORMED? PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use YESXX NO T 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY DCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE DF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME DF INJURY Month, Doy, Yeor Hour o.m. 20d. INJURY DCCURRED foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that (1) this downted kattended the deceased from December 8, 1966, to December/, 1966, this KKKKKOKKKK MAXING GERNAL TO CONTROL OF THE STATE OF THE 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR **ATTENDING** 12-13-66 22d. ADDRESS 22c. PHYSICIAN'S VA Hospital, Perry Point, Md. NAME (Type) E. O. HUNT, M.D. director, p 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City or Town) (Stote) 230. BURIAL, CREMATION, 23b. DATE THEREDE (County) REMOVAL (Specify) Cametary ADDRESS Rigin Sun PUNERAL DIRECTOR 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Home, Ferryville, Md.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacased lived, if institution; Residents before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL and give nearest town) with RURAL and give nearest town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ADDRESS d. STREET IS RESIDENCE ON A FARM? YES NO T 3. NAME OF Middle DATE Day DECEASED OF (Type or print) DEATH 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Deys Hours DIVORCED 10a, USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired School Principal Ret. B. Education Earleville Md. U.S.A. f 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Thomas Clark Laura Ellen Veach 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yas, no, or unkown) (If yes giva wer or datas of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO 20a, ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 1 2De, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work 21. I certify that (1) (this hospital) attended the deceased from .M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE 22e. SIGNATURE ATTENDING/ SIGNED PHYS. DIRECTOR M.D. ADDRESS 22c. PHYSICIAN'S NAME (Type 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Md. Earleville, Rural. Dec. 28.1966 St. Stephens Cemetery Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Millington, Md. 21651 15M 7-62

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. after death. PLACE OF DEATH a. COUNTY USUAL RESTACIONAL (Where deceased lived, If institution; Residence before admission) b. COUNTY a. STATE completely filled in by the f ve carbon papers. Pages 1 event, within 72 hours after Cecil Md. Cecil MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Elkton Cecilton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 Union Hospital NO K YES within NAME OF First Middle Last DATE Day Year DECEASED MARY TANE COLLINS December 27 19 66 (Type or print) DEATH executed SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS | last birthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED remov Months in any Days Hours Female Colored WIDOWED X DIVORCED Unknown 1893 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? Housework Home Maryland U.S.A. a certificate physi 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phermit. Then remova Lewis Wilson Mandie Moore 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address death 0 (Yes, no, or unknwn) (If yes give war or dates of service) cremation, No. None Blanche Gould Cecilton, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH n signed by burial-transit burial, cram PART I. DEATH WAS CAUSED BY: Arteriosclerotic hEart Dsiease. attending physician. years IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) been gave rise to Immediate as the l DUE TO (a), stating the underlying cause last. has (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health use PERFORMED? PHYSICIAN: The certificate Cardiac schock YES NO -20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) 9 4 this cer letached Dept. c MEDICAL TIME OF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) det factory, street, office bldg., etc.) Hour a.m. Not While While After ATTENDING at work at work ould the 21. I certify that (I) (this hospital) attended the deceased from 12 Dec 66 19 , to 27 Dec 689. ___ that (I) (we) last DIRECTOR: age 3 should led with the saw the deceased alive on 27 66.19 and that death occurred at 4pMM, from the causes and on the date stated above. 22b. DATE SIGNED SIGNATURE 22a. MED. STAFF PHYS. PHYS. DIRECTOR 30 Dec M.D. Da HOSPITAL director, p? FUNERAL PHYSICIAN'S 22d. ADDRESS 22C. NAME (Type) Wallace Ohenshain.M.D. Cecilton Md 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23d. LOCATION (City, town or county) (State) Burial (Specify) Cecil Co: Md. Dec.31,1966 Cecilton Col. Cemetery Cecilton. ADDRESS FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25h. REGISTRAR'S SIGNATURE Edward Fellows. Millington, Md. 21651

MARYLAND STATE DEPARTMENT OF HEALTH

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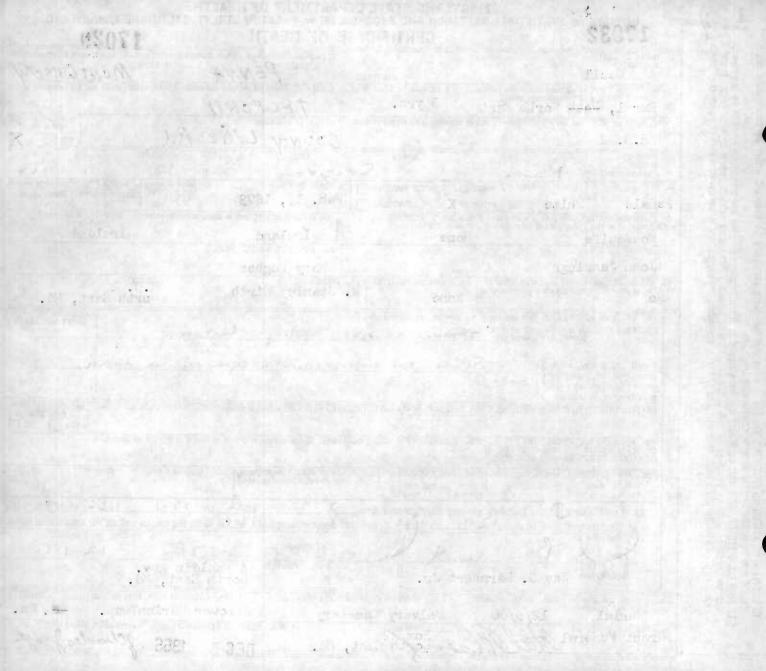
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	the ses 1 after	_	Ce	Cil N (If outside corpora and give nearest tov	te limits,	MAR'	Y IN 1b		ntana If outside con	b. COUN	Fer	gus d give nearest town)
hours	S. Pag hours		11.7	and give nearest tov kton PITAL OR INSTITUTION		l we	elc	Lewis	town		63	. 3
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	physician n please I	F	Retired FATHER'S NAME	-Teacher	S	chool-Ed	ucat	ion Minr 14. MOTHER'S MAI		is,Minn	. U.	S.A.
certifi	ding.	15	. WAS DECEASED E	Dought;	RCES? 16.	SOCIAL SECURITY N	0. 17.	INFORMANT		Ridgem		
death certificate	permit.	(Ye	No ver unkown)	(If yes give war or dates o	f service)			eron A. C	conoll		enna.	
the	by that is it emat			DEATH [Enter only on ATH WAS CAUSED BY IMMEDIATE CAUSE		ne for (a), (b), and (ignant I	ympl	loma Lama				NTERVAL BETWEEN ONSET AND DEATH
es tha	signed by burial-trans burial, cren		2002 Conditions, If a	DUE		3						
law requires that attending physician	been the b		gave rise to cause (a), sta underlying cause	Immediate DUE	то							
The law or atter	ificate has be for use as th Health prior	CATION			ONS CONTRIBU	TING TO DEATH BUT	NOTRELA	TED TO THE TERMINAL	DISEASE CON	DITION GIVEN IN	PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
× E	T p to	CERTIFICATION	20a. ACCIDENT NOR CONTRIBUTION (IF EITHER, NOT	WAS UNDERLYING DISCUSSION CONTROL CAUSE OF DEA	TH NER)	ESCRIBE HOW INJU	RY OCCU	RRED. (Enter nature o	of Injury In Pa	rt I or Part II o	f Item 18.)	
G PHYSICIA	After this cod be detache State Dept.	MEDICAL	20c. TIME OF II Hour a.m			NJURY OCCURRED Not While at work	20e. PLAC factor	E OF INJURY (Home, f y, street, office bldg.,	etc.)	City or town)	(County	(State)
ENDIN	OR: Aft ould b the Si	2	21. I certify	that (I) (th is hos p		ed the deceased i	rom	death occurred at				, that (I) (we) last
OR ATTENDI	DIRECTOR: Age 3 should lied with the		22a. SIGNATUR	eased alive on		1		ATTENDING -	MED	STAFF -	22b. DATE	
HOSPITAL I	ERAL DIR		22c. PHYSICIAI NAME (Ty	N'S pel Tillman	D To	hnson. M	. м.D.	22d. ADDRESS	DIRECTOR L	y Avenu		
Page	director, po should be fi	232	BURIAL, CREMA REMOVAL (Spe	ATION, 23b. DATE	THEREOF	23c. NAME OF C	EMETERY	OR CREMATORY	23d. LO	CATION (City, to	wn or county	
		24	FUNERAL DIREC	Decem	ick	ADDRESS	77	25a. R	EC'D BY REGIS	TRAR 25b. RI		IGNATURE .
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17031 CERTIFICATE OF DEATH certificate be executed within 24 haurs after death. funeral 1 and 1 rer death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) O. STATE DISTRICT OF Kecures ...
d completely filled in by the funer a. COUNTY Cecil MARYLAND COLUMBIA b. CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) 22 days Washington Perry Point d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 613 Lamont St. N.W. VA Hospital YES NO DE attending physician and completely fi permit. Then please remove carban 3. NAME OF 4. DATE First Lost Dov Year DECEASED Andrew December 21, 19 66 (Type or print) CROWELL DEATH IF UNDER 1 YEAR | LIF UNDER 24 HRS. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED lost birthdoy) Doys Months Hours Male Negro WIDOWED DIVORCED 1 4 16 50 yrs. 10o. USUAL OCCUPATION (Give kind of work dane during mast of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY and U.S.A. Maintenance Worker Halifax N.C. 13. FATHER'S NAME Edward Crowell (L) N.C. Mamie (L) N.C. 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address requires that the death (Yes, no, ar unknawn) (If yes give war or dotes of service) VA Hospital Records - Perry Point.Md. 245-18-81-05 Yes WW II cre matian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) signed by the burial-transit p burial, crematic PART I. DEATH WAS CAUSED BY: Bronchopneumonia, bilateral with lung abscess 10-20 days IMMEDIATE CAUSE (a) formation DUE TO 8-12 Month Carcinoma of mouth (Pharynx) with metastasis Conditions, if any, which gave rise ta immediate cause (o). to lungs DUF TO aftending | stoting the underlying couse as the priar tak has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? far use Health YES T NO Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING be detached for State Dept. af H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Hour a.m. Not While factory, street, affice blda., etc.) at wark at wark 21. I certify that \$1 (this haspital) attended the deceased fram 11-29-66 . 19 to 12 21 66, 19 scatbot fladwoodslast pluads and that death accurred at z. of M, fram causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** STAFF PHYS. 12 22 66 director, page 3 shauld be filed v M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S E. BLANCAFLOR, M. D. VAH Perry Point, Md. NAME (Type) JOEL 23b. DATE THEREOF 66 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify)
Removal 66 Arlington National Cemetery Ft Myer, Va. 9 eneral ADDRESS 3831 Segon 250 REC'D. BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) - 3831 Georgia Ave. DATE HOME 20 M 1/66 N.W. Wash D.C.

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1 1		MARYLAND STATE DEPARTMENT OF HEALTH _DUVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
F 22.		17032 CERTIFICATE OF DEATH 17029
e funeral and 2 er death.	1.	PLACE OF DEATH a. COUNTY Cecil 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY D. COUNTY MONT GONERY
hours after in by the f s. Pages 1 hours after		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, North East C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TECFORD 7-/
filler filler paper in 72		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) R.D. 2 e. IS RESIDENCE ON A FARM? YES \(\sum No \(\sum \)
completely file ve carbon pare event, within	3.	NAME OF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) Maria Crezier DEATH 12 1 1966
executed within and completely remove carbon a any event, with	1	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lift UNDER 14 PAR) 1873 9. AGE (In years lift UNDER 14 PAR) 1873
	10a dur	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) Housewife USUAL OCCUPATION (Give kind of work done in Industry) Industry Home 10b. KIND OF BUSINESS OR INDUSTRY Industry Ireland 12. CITIZEN OF WHAT COUNTRY? Ireland
ling phy Then pl	13.	FATHER'S NAME John Jennings Mary Hughes
ath ce attend rmit. n, or e	15 (Ye	Was Deceased ever IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT W. Stanley Wirth North East, Md.
the by th msit emal		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic conditions failure.
ires that physician signed burial-tra burial, cr		422.) DUE TO Conditions, If any, which (b) Senile and anteres scientic cardiovacular disease.
required beer the or to		gave rise to immediate cause (a), stating the underlying cause last.
or at or at use use	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
ZAGT	CERTIF	20a. ACCIDENT WAS UNDERLYING COURTED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
this this detail	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED Month Hour a.m. While at work a
D T P a	2	21. I certify that (P(this hospital) attended the deceased from 2 - 9, 19 6, to 12-1, 19 6, that (P) (we) ias saw the deceased alive on 12-1, and that death occurred at 120 PM, from the causes and on the date stated above
OR A be re DIREC ge 3 ge 3 ed wi		22a. SIGNATURE BOWN ATTENDING MED. STAFF 22b. DATE SIGNED M.D. PHYS. DIRECTOR PHYS. 12-1-66
PITAL 4 may ERAL or, pa		22c. Hysigian's Name (Type) Jay S. Barnhart Jr. 22d. ADDRESS 4 Mauldin Ave. North East, Md.
TO HOSP Page 4 TO FUNEI directol should I	231	Burial 12/5/66 Calvary Cemetery Lower MerionTwsp. 2. Pa.
VR A15 (4)	24	Funeral Director Frank Funeral John Cracketh East, Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE NEC 6 1956 Climbles Judge
15M 4-64		



- James	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	LAND
	17033 CERTIFICATE OF DEATH 17030	
and all all all all all all all all all al	PLACE OF DEATH a. COUNTY Cocial MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence a. STATE Md. b. COUNTY Cecial Cecial	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and g write RURAL and glve nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and g Warwick Rural	live nearest town)
01	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Union Hospital	e. IS RESIDENCE DN A FARM? YES NO
1	NAME OF First Middle Last 4. DATE Month Day OF DECEASED (Type or print) Rose Anna Dill DEATH 12/16/66	
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) 48 yrs. Months Days	R IF UNDER 24 HRS.
	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN COUNTR	
-	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	Harvey Bowman Lillian Pope	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address s, no, or unknown) (If yes give war or dates of service)	
	Rose Blanchfield, Middletown, De	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease.	SET AND DEATH
	420.0 DUE TD	J
	Conditions, If any, which gave rise to immediate (b)	
	cause (a), stating the DUE TO	
	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	. WAS AUTDPSY
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	Hepatomegaly , Acute alconolism ? Cerebral edema 20a. Accidence a Lonolism ? Cerebral edema 20a. Accidence a Lonolism ? Cerebral edema 20b. Describe How Injury Occurred. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ES NO
	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) A county (County)	(State)
	21. I certify that (I) (this hospital) attended the deceased from 12.15.66, 19 , to 12/16/6619 , to	that (I) (we) last
	saw the deceased alive on 12/16/66 19 and that death occurred at 1 A M, from the causes and on the da	
	22a. SIGNATURE 22b. DATE S	IGNED
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,	ZZc. PHYSICIAN'S NAME (Type) NAME (Type)	
	Wallace G. Obenshain Cecilton Md. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
	REMOVAL (specify) 70/70/20	(Oraco)
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	My In Taniels Middletown DEL, DEC 19 1966 y charles you	age.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17034 CERTIFICATE OF DEATH death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH attending physician and completely filled in by the funeral bermit. Then pledse Tembove corbon papers. Pages I and a. COUNTY o. STATE DISTRICT OF COLUMBIA Cecil MARYLAND and in any event, within 72 hours after b. CITY OR TOWN (If outside corporate limits, write RURAL and give persecutive point CLENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 15 days Washington d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) VA Hospital 159 V St. N.W. YES NO X Inst 4 DATE Doy 3. NAME OF First Year DECEASED Albert H. December Driver DEATH (Type or print) IF UNDER 1 YEAR | IF UNDER 24 HRS. 9. AGE (In years S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthday) Months Davs Hours 12-4-88 Male NEGRO WIDOWED & DIVORCED 10a. USUAL OCCUPATION (Give kind af work done during most af warking life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? INDUSTRY Bowie. Md. Presser 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremotion, or removol, Charles Driver Rebecca Branford 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. 579-07-84-58 Yes VAHospital - Perry Point Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the buriol-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY WARDIAC ARREST IMMEDIATE CAUSE (a) DUE TO (b) ARTERIOSCLEROTTC Conditions, if ony, which gove HEART DISEASE rise ta immediate cause (a), DUE TO has been s use os the b th prior to b stating the underlying cause be retained by the hospital or ottending last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO KX this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or tawn) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office blda., etc.) Hour a.m. Not While ot work O FUNERAL DIRECTOR: After ta 12 24 66 21. I certify that (X (this hospital) attended the deceased fram *** A second contractive and the date stated above. 22b. DATE SIGNED 22a. SIGNATURE STAFF 12-26-66 DIRECTOR M.D. director, poge 3 should be filed PHYS 22d. ADDRESS 22c PHYSICIAN'S VA Hospital - Perry Point, Md. B. ROTHFELD, M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (State) 23g. BURIAL CREMATION, 3-67 Arlington National Ft Myer, Va 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR ADDRESS

FUNERAL HOME - Wash D.C.

VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17035 CERTIFICATE OF DEATH the ottending physician and completely filled in by the funeral sit permit. Then please remove carbon papers. Pages I and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. STATE Pennsylvania b. COUNTY o. COUNTY Chester Cecil MARYLAND PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after CLENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, Oxford 1 Day d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Box 172 Veterans Administration Hospital NO PER YES NAME OF First 4. DATE Month Last Day Year DECEASED December 27, JACOB W. FRANKLIN 19 66 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years S SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED X NEVER MARRIED last birthday) Months Doys Hours 9/28/88 Male White WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or fareign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Lancaster. Pa. Fireman 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Margaret Cruthers (Deceased) William B. Franklin (Deceased) WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknawn) (If yes give war or dates of service) 181-03-4739 VA Hospital Records, Perry Point, Md. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: buriol-tronsit ONSET AND DEATH Acute Peritonitis due to IMMEDIATE CAUSE (o). by by the hospitol or ottending physicion. DUF TO signed Conditions, if ony, which gave Perforated Gastric Ulcer 2-3 davs rise to immediate couse (o). DUE TO as the stating the underlying cause Weeks Chronic Gastric Ulger PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY After this certificate has PERFORMED? for use Health YES -NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) Not While of work at wark 21. I certify that (M (this haspital) attended the deceased fram. 19.66. to 12/27 19_66 thretodal acover dead 12/26 Page 4 moy be retoined M, fram causes and an the date stated abave. O FUNERAL DIRECTOR: 22b. DATE SIGNED 22o. SIGNATURI ATTENDING MED.
DIRECTOR STAFF PHYS. 12/28/66 directar, page 3 should be filed v M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S VA Hospital, Perry Point, Md. NAME (Type ALFRED G. GILLIS. M.D. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LQCATION (City or Town) 23o. BURIAL, CREMATION (County) (State) 12/28/66 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Kauffman Funeral Home / Oxford, Pa.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should after PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY hours b. COUNTY by the and 2 death. Ceci ecil Maryland MARYLAND by the b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerast town) write RURAL end give neerest town) 24 filled in Pages 1 after vrs . Elktion wifhin filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE hours ON A FARM? Devine Nursing Home Hermitage Drive YES NO V completely papers. executed 3. NAME OF First Middle 4. DATE Month Yeer 72 DECEASED OF (Type or print) within DEATH HARR IET 19 66 carbon 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED pue last birthdey) Months ! Devs event Pemale WIDOWED [Nov. certificate Then please remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) School Teacher Education Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death been signed by the attending and Samuel Gatchel Phoebe Green 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT The law requires that the Address removal (Yes, no, or unkown) | (If yes give we ror dates of service) Mrs. Claire H. Cottini, Elkton. No permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] the hospital or attending physician. INTERVAL BETWEEN ONSET AND DEATH ō PART I, DEATH WAS CAUSED BY: Hoteriosclerosis, genera (1701 Saver IMMEDIATE CAUSE (e) 702ms cremation, certificate has been signer use as the burial-transit DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO the bur burial, (a), stating the underlying couse lest. PHYSICIAN: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) CERTIFICATION use as PERFORMED? prior NO I 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of item 18.) Por OR CONTRIBUTING CAUSE OF DEATH this Health DIRECTOR: After the should be detached ATTENDING be retained by 20c. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (Stete) factory, street, office bldg., atc.) While Not While Hour a.m. ō et work et work p.m Dept. 1961, to 12-3-, 1961, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from..... State 3- 1964, and that death occurred at 174.M, from the causes and on the date stated above. may 22e. SIGNATURE DATE ATTENDING MED STAFF SIGNED death. Page 4 PHYS. 10 DIRECTOR PHYS. M.D rector, page HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) D. Johnson Ave. Elkton. illman Singerly 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) A di REMOVAL (Specify) harps Fair Hil 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) unerals icks Home or 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution a. COUNTY b. COUNTY Cecil Tarvland Cecil MARYLAND b. CITY OR TOWN (if outside corporata limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give naarast town) write RURAL and give nearest town) Elkton Elkton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) papers. Pag in 72 hours d. STREET ADDRESS e. IS RESIDENCE ON A FARM? completely High Street High Street YES NO 3. NAME OF Middla 4. DATE Month Year DECEASED OF within (Typa or print) DEATH 19 Dec. carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months evenf, WIDOWED DIVORCED please remove 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if ratirad) Road Comm. U.S.A. Maryland Foreman 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Kincaid Reese George 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT or remova hospital or attending proves the attentificate has been signed by the attentificate has been signed by the attention of the a (Yes, no, or unkown) | (If yas giva wer or datas of sarvice) Irs. Frances L. George. Elkton. 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Burdsay De JMMEDIATE CAUSE (a) cremation, DUE TO my occurations Conditions, if any, which gava rise to immadiata cause DUE TO (a), stating the underlying the hospital or causa last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 0 CERTIFICATION PERFORMED? prior NO DIRECTOR: After this c 3 should be detached for 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ; 20f. (City or town) (State) Month, Day, Year (County) jo Not Whila factory, straat, offica bldg., atc.) Whila Hour a.m. al work at work p.m. 22a. SIGNATURE MED. TO FUNERAL

director, page 3

be filed with the DIRECTOR Page . 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 202 East Main St. Elkton, Md. Greenwald, M. D. 23a. BURIAL, CREMATION, | 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) DATE THEREOF REMOVAL (Spacify) Friends Burial Calvert. IId. Ground 24 FUNERAL DIRECTON'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 20M S-63

RYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17038 CERTIFICATE OF DEATH and 2 The law requires that the death certificate be executed within 24 haurs after death. on Jana campletely filled in by the funeral tack campove carban papers. Pages 1 and in any event, within 72 haurs after deaf 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. STATE Pennsylvania g. COUNTY b. COUNTY Cecil MARYLAND Unknown b. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 30 yrs, 1 mo. & 3 days c. CITY OR TOWN (If outside_corporate limits, write RURAL and give nearest town) Mt. Pleasant Perry Point d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 143 Center Avenue VA Hospital YES NO XX 3. NAME OF 4. DATE please remove carban First Middle Last Month Day Year DECEASED Walter Gesinsky 163 19 66 December (Type or print) DEATH IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED XX last birthday) Manths Hours May 1, 1893 Male White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind af wark dane 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during mast af working life, even if retired) COUNTRY A INDUSTRY COal P ennsylvania Laborer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown Unknown 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 217-54-8381 VA Hospital Records, Perry Point, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH burial-transit Bronchial pneumonia IMMEDIATE CAUSE (a) signed by DUE TO 4-6 days Conditions, if ony, which gove Atelectasis of right lung rise to immediate cause (o), DUF TO stating the underlying couse be retained by the haspital ar attending as the priarta TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use YES XX NO 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year Nat While factory, street, office bldg., etc.) at wark 19 66 NONCOCKEUGG 21. I certify that NOVEN CONTROL attended the deceased from_ 19 28 to 12/16 22g. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR M.D. PHYS. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VA Hospital, Perry Point, Md. I. REUS, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Mt.Pleasant, Westmorland ransfiguration Cem 24. PUNERAL DIRECTOR 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Charles DATE DEC 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17039 CERTIFICATE OF DEATH certificate be executed within 24 haurs after death death physician and campletely filled in by the funeral ten please remave carbon papers. Pages 1 and any event, within 72 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. STATE District of Columbia o. COUNTY Cecil MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give neorest town) 13 Years Washington Perry Point IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Veterans Administration Hospital NO X NAME OF Lost 4 DATE Month Doy Year DECEASED 19 66 DEATH December 22, (Type or print) ISAAC HUMPHREYS 9. AGE (In years last birthday) IF UNDER I YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH Hours WIDOWED DIVORCED 8/1/92 Male Negro 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? INDUSTRY Washington, D.C.
14. MOTHER'S MAIDEN NAME USA Laborer 13. FATHER'S NAME ar remaya Unknown Unknown the attending 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17. INFORMANT PHYSICIAN: The law requires that the death (Yes, no, or unknown) ((If yes give wor or dotes of service) 217-54-9842 VA Hospital Records. Perry Point, Md. WWI Yes crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p POSEL AND DEATH YS PART I. DEATH WAS CAUSED BY: Bronchopneumonia, bilateral IMMEDIATE CAUSE (o) the hospital ar attending physician. DUF TO Arteriosclerotic Heart Disease with Years Conditions, if ony, which gove rise to immediate couse (o). Myocardial Fibrosis DUE TO stoting the underlying couse as the (c) Arteriosclerosis. Generalized Years PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? far use YES X NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While TO FUNERAL DIRECTOR: After be retained by 21. I certify that XI) (this haspital) attended the deceased fram_ 1953 , to 12/22 19.66, throught become before the M, from causes and on the date stated above. shauld 22b. DATE SIGNED 22o. SIGNATURE DIRECTOR 12/29/66 M.D. 22d. ADDRESS 22c. PHYSICIAN'S VAH Perry Point, Md. B. SINGH. M.D. directar, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOJ (County) Baltimore National Baltimore, Md. 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Melianlas Judge Perryville, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. funeral deat PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. CDUNTY b. COUNTY a. STATE Pages 1-Md. Cecil Cecil MARYI AND b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and completely filled in by remove carbon papers. Page any event, within 72 hours Conowingo Rural Conowingo Rural Years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e, IS RESIDENCE d. STREET ADDRESS DN A FARM? NO KI YES executed within 3. NAME DE First Middle Last DATE Month Day Year OECEASED John William 12 Irwin DEATH 14 1966 (Type or print) 6. COLOR OR RACE | 7. MARRIED X NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX OATE OF BIRTH 8. last birthday) Months Oavs Hours 4-15-1884 White Male WIOOWEO J DIVORCEO physician a 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND DF BUSINESS DR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) U.S.A. Electric Maintanies
13. FATHER'S NAME Cecil Co. Md. certificate CO. Man ed by the attending physi-transit permit. Then ple , cremation, or removal, a 14. MOTHER'S MAIDEN NAME Wolfe Irwin Louise Fred 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 17. INFORMANT 16. SOCIAL SECURITY ND. Address death (Yes, no, or unknown) (If yes give war or dates of service) convingo Md. 64-10-6367 wrs. John W. INTERVAL BETWEEN 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c). that the been signed by t the burial-transit or to burial, crema **ONSET AND DEATH** PART I. OEATH WAS CAUSEO BY:
IMMEDIATE CAUSE (a) PHYSICIAN: The law requires that t the hospital or attending physician. OUF TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the TO HOSPITAL on presence by the nospital control Page 4 may be retained by the nospital control of the transport of the proof of the prior of the pri as the underlying cause last (c) CERTIFICATION WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMEO? NO F YES 20a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 120e, PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. While Not While p.m at work at work 1cc . 1966 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 19 and that death occurred at 7 A.M. from the causes and on the date stated above. saw the deceased alive on ATURE 22b. OATE SIGNED 222. ATTENOING PHYS. OIRECTOR M.D. PHYSICIAN'S NAME (Type) Brnest **AOORESS** 28 St. Rising Sun. Md. Cherry 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. OATE THEREDF 23c. NAME OF CEMETERY OR CREMATORY BREMOVAL (Specify) Port Deposit 12-17-666 Harmony Chape Cem REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 25a. Rising Sun, Md DE VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17041 17037 CERTIFICATE OF DEATH the attending physician and completely filled in by the funerol sit permit. Then please I and 2 and 2 nation, or removal, are in any event, within 72 hours after death. requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY District of Columbia Cecil MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)

Perryville c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 23 Years Washington, D.C. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? VA Hospital, Perry Point, Md. 3735 17th Place YES NO X 3. NAME OF First Middle 4. DATE Doy Year DECEASED ALBERT B (Type or print) LANGLEY DEATH December 23 19 66 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthdoy) Doys Hours Min. 7-25-01 WIDOWED DIVORCED Negro Male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Baltimore, Md. Unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM LANGLEY CARRIE Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address burial-transit permit. (Yes, no, or unknown) (If yes give wor or dates of service) VA Hospital Records, Perry Point, Md. Yes WW II 217-54-7852 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH Asphyxia by aspiration of bolus of food into IMMEDIATE CAUSE (o) þ larvnx DUE TO Sudden signed | buriol Conditions, if ony, which gove Schizophrenic reaction rise to immediate couse (a), DUE TO for use os the b f Heolth prior to b stoting the underlying couse Page 4 moy be retoined by the hospital or attending this certificate has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? MEDICAL CERTIFICATION YES KX 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) be detached for State Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While **DIRECTOR:** After 21. I certify that which solves attended the deceased fram Nov. 25 , 1943 , to Dec. 23 1966, Martiddischardisches director, page 3 should should be filed with the 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR 22d. ADDRESS O FUNERAL NAME (Type) VAH.. Perry Point. Md. 23o. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) BREMOVAL (Specify) Arlington National Ft. Myers, Va. **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Perryville, Maryland 1967

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_ 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1275 F	17042 CERTIFICATE OF DEATH 17038
er death. 1 and 2 er death.	1. PLACE DF DEATH a. COUNTY Cecil MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY Cecil MARYLAND
completely filled in by the ve carbon papers. Pages 1 event, within 72 hours after	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) near Glasgow, (Rural) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
/ filled papers. hin 72 h	Union Hospital ON A FARM? YES NO ST
ited within completely ve carbon is event, with	3. NAME OF First Middle Last 4. DATE Month Dey Year DECEASED (Type or print) Dory Longer DEATH Dec. 24 1966
xect and emo any	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Min. Months Days Hours Min. Months Days Hours Min. Mi
	10a. USUAL OCCUPATION (GIVA kind of work done during most of working life, even if retired) Laborer 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY Md. 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? U.S.A.
tificat tificat tificat tificat	13. FATHER'S NAME Andra Longer Andra Longer Andra Longer Andra Longer
attending attending of certification of	Andra Longer Mollie Arland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Twin Oaks, Pa. Katie Braymon-2401 Booker Ave.
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician sirrector, page 3 should be detached for use as the burial-transit permit. Their please should be filed with the State Dept. of Health prior to burial, cremation, or emoval, and is	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c)
N: The law tal or atte inficate har for use a Health pr	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
g PHYSICIAN. y the hospital er this certifi e detached fo ate Dept. of H	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 DESCRIBE HOW INJURY OCCURRED. (Enter neture of Injury In Part I or Part II of Item 18.) 20c. TIME OF INJURY Medical Examiners 40c. PLACE OF INJURY (Homa, farm, factory, street, office bidg., etc.) 40c. TIME OF INJURY Month, Day, Year at work at work at work at work
TO HOSPITAL OR ATTENDING PHYSICIAN. The law require Page 4 may be retained by the hospital or attending profilement DIRECTOR. After this certificate has been director, page 3 should be detached for use as the b should be filed with the State Dept. of Health prior to be	21. I certify that (I) (this hospitel) attended the deceased from 12- 14-, 19 6, to 12-25-, 1966, that (I) (we) lass saw the deceased alive on 12-25-, and that death occurred at 2 Tam, from the causes and on the date stated above 22a. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. 12-25-66
HOSPITAL age 4 may FUNERAL irector, pa	22c. PHYSICIAN'S NAME (Type)
54 01 ip48	Burial 12/29/66 Greenlawn Ce, Chester, Pa.
VR A15 (4) 15M 4-64	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE DATE JAN 3 1967 Glovles Judge

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17043

CERTIFICATE OF DEATH 17039

1.	PLACE OF DEATH					2. USUAL RESIDENCE (W	here deceased lived, if institu	ution: Residence	e befare admission)
	a. COUNTY	• ¬		AAA DWI		a. STATE	b. (0)	-	2
	Cec			MARYL		Mary		Ceci	
	write RURAL or	(If autside carparate limits, d give nearest tawn)		c. LENGTH OF STAY IN	, Ib	c. CITY OR TOWN (It out	side carparate limits, write R	URAL and give	nearest tawn)
	Elkto			15 yrs	3	Elkto	n		07-1
	d. NAME OF HOSPI	TAL OR INSTITUTION (If not	in haspital, gi	ve street address)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	325	North Stre	et			325 No	rth Street		YES NO
	NAME OF	Firs	t	Middle		Last		nth	Day Year
	DECEASED (Type or print)	Joh	n	F.		Martin	DEATH Decemb	oer	8 19 66
S. :	SEX	6. COLOR OR RACE	7. MARRIED [NEVER MARRIED		DATE OF BIRTH	9. AGE (In years		YEAR IF UNDER 24 HRS.
	Male	White	WIDOWED	DIVORCED	A	pril 2, 1	900 last birthday) 66 yrs.	Manths	Days Hours Min.
		N (Give kind af wark dane	10b. KIN	ID OF BUSINESS OR		11. BIRTHPLACE (County &	State, ar fareign country)	12. CIT	IZEN OF WHAT
Juri	ing mast at warking	life, even if retired)	Aut	o Parts			r, Pennsyl	vania (Ol	IZEN OF WHAT UNTRY? U. S. A.
13.	FATHER'S NAME		11200	0 10100		14. MOTHER'S MAIDEN N		A 174 W 174 CA	0 0 0 11
		l Martin				Susan E			
15		ER IN U.S. ARMED FORCES?	16 9	OCIAL SECURITY NO.	17. IN	FORMANT		sess	
		(If yes give war ar dates af		SCIAL SECORITY NO.				St. Cl	LairDa
					Mr	s. Elizab	eth Weikel		FA.
	18. CAUSE OF D	EATH (Enter only one cous	e per line far (a), (b), and (c).)	,	. 11			INTERVAL BETWEEN
	PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) Ari	teriosch	Irot	ic Heart	Discoso		ONSET AND DEATH
	4200	DUE T							
	Canditians, if any	, which gave)	b)						
	rise ta immedia	te cause (a), (
	stating the under	riving cause	(c)						
				DEATH BUT NOT BELA	TED TO TH	C TERMINAL DISTASS CON	DITION CIVEN IN DADT 1/-1		19. WAS AUTOPSY
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT			DEATH BUT NOT KELA	וו טו עזו.	E TERMINAL DISEASE CON	DITION GIVEN IN PART I(0)		PERFORMED?
3									YES NO
CERTIFICATION		S UNDERLYING	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	nter nature of injury in P	Part I ar Part II of item 18.)		
		MEDICAL EXAMINER)							
WEDICAL	20c. TIME OF IN.	URY Manth, Day, Year	20d. IN.	JURY OCCURRED		OF INJURY (Hame, farm,		(Cau	nty) (State)
MED	Hour 'a.	m. m. 19	While at wark	Not While of work	factor	y, street, affice bldg., etc.)			
		111.			ram	Ja 10	960, ta 12-	8- 19/	C that (I) two law
	saw the d	eceased alive an	12 -5	= 1966 a	nd that	death occurred at	3 P. M. from causes	and on th	e date stated above
	22a. SIGNATUKE	1 10	1	1//					TE SIGNED
		1/1/2	51			MED. STAFF DIRECTOR PHYS. [8, 1966	
	22c. PHYSICIAN'	Marian	o fr	um	M.D.	22d. ADDRESS	VIRECTOR L FIII3. L	- IDOG .	7, 1000
	NAME (Type	1	. Joh	nson. II.	D.		gerly Ave.	Elkto	on. Md.
-			0 011				Contract of the second		21200
22-	DIIDIAI CDCMATI	ON 226 DATE THE	DEAG	1 220 NAME OF COMET	CDV OD CE	VANATORY	234 LOCATION (City or 1	[awn]	(County) (State)
230	BURIAL, CREMATI	Α		23c. NAME OF CEMET			23d. LOCATION (City or 1	,	(County) (State)
	REMOVAL (Specific Burial	Dec.13		Immacul		Conceptio	n St.Clair		Penna.
	REMOVAL (Specif	Dec.13	1966		ate	Conceptio 250. REC'D	n St.Clair	REGISTRARIS (SI	Penna.

physician and campletely filled in by the funeral for please remove carban papers. Pages 1 and 2 oval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 shauld be detached far use as the burial-transit permit. should be filed with the State Dept. af Health priar to burial, crematian, ar n Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

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	1 7044 CER	TIFICATE (055
1.	PLACE OF DEATH a. CDUNTY Cecil	MARYLAND 2.	usual residence a. state Mary 1	b	I, If institution: Residue. COUNTY	dence before admission)
1	write RURAL and give nearest town)			utside corporate lim		
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give si	3 days	Elkton STREET ADDRESS	1		e. IS RESIDENCE
	Union Hospital	ileet address) d. :	B.D.	4 3		ON A FARM?
3.	NAME DF First Mide			4. DATE OF		Day Year
5	(Type or print) William (7	1 0 0	organ	DEATH	Dec. 31	
1/1	ale White WIDDWED DIV	ORCED Dec		9. AGE (In last bird	Months Da	EAR IFUNDER 24 HRS. Hours Min. ZEN DF WHAT
dui	ing most of working life, even if retired) INDUSTRY	255 OR 11			CDUN	ITRY?
13	Plastics Budd Co.	114.		rginia N NAME	U.S	: A .
			Elizabeth			
15	Willard Morgan . WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECUR			1 Lester	Address	1 7
(Y	es, no, or unkown) (If yes give war or dates of service) 232-14-0	549 Mrs.	Alice B	. Morgan.	Elkton.	4 3
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b),	and (c).]		. Hor Ban,	1.1	NTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Acute corol	nary throm	bosis			ONSET AND DEATH
	420.1 DUE TD					
	Conditions, if any, which gave rise to immediate (b)					
	cause (a), stating the DUE TO					
Z	underlying cause last. (c)					
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH					19. WAS AUTOPSY PERFORMED? YES NO TO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		7	njury in Part I or Pa		
MEDICAL	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURF Hour a.m. While Not While at work at work	factory, st	F INJURY (Home, far reet, office bldg., etc	.)		
	21. I certify that (I) (this hospital) attended the deceasaw the deceased alive pn	sed from Dec •	th occurred at 5 t	56, to Dec.	auses and on the	, that (I) (we) last date stated above.
	22a. SIGNATURE 22c. PHYSICIAN'S ZZC. PHYSICIAN'S	M.D. P	HYS. DI	ED. STAFF	- 12/1/67	SIGNED
	NAME (Type) S. Ralph Andrews, Jr.,			in St., El		
238	REMDVAL (Specify)	DF CEMETERY DR C			City, town or county	
	BURTAT 17/3/67 _ Union	Meth. C	emeterv	Union.	Cecil Co	o. Md.
24	. FUNERAL DIRECTOR			BY REGISTRAR 2		IGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

17045

CERTIFICATE OF DEATH

17040

								11	
	PLACE OF DEATH a. COUNTY Ce	cil		MARYLAND		(Where deceased lived, if institut th Carolina b. COU	ian: Residence NTY	e befare odmissio	an)
	write RURAL and	outside corparote limit give nearest tawn) erry Point	s,	c. LENGTH OF STAY IN 16	7 7 7 .	nutside corparote limits, write RUI	RAL and give	nearest tawn)	
		LOR INSTITUTION (If no Hospital	ot in hospitol,	give street oddress)	d. STREET ADDRESS 617 FC	ountain Place		e. IS RESII ON A F. YES	ARM?
	NAME OF DECEASED (Type or print)		st Iubert	Middle R .	NORWOOD	4. DATE Mont	ember	Day Ye	ar 66
S.		6. COLOR OR RACE White	7. MARRIED WIDOWED		8. DATE OF BIRTH 2 17 98	9. AGE (In years last hirthdoy) 68 yrs.	Months	YEAR IF UNDER Doys Hours	Min.
10a duci	usual occupation (ing most of working li Lerk typ	(Give kind af wark dane te, even if retired) 15 t		KIND OF BUSINESS OR NDUSTRY	Raleigh,	y & State, ar foreign country) N. C.	12. CITI COL	JNTRY? U.S	. A
13.	FATHER'S NAME Unknown				14. MOTHER'S MAIDEN Unkn				
15. (Ye	es, na, ar unknawn) (IN U.S. ARMED FORCES? If yes give wor ar dates - 31-27	of service)		. INFORMANT 97 VA Hospi	Addre tal Records -		Point,	Md.
ON	Conditions, if any, rise to immediate stating the underl	which gove couse (o), ying couse	(c) Acu	te myocardial te coronary t eriosclerotic	hrombosis heart dise	ase		1-3 (days
MEDICAL CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY N	CAUSE OF DEATH	20ь. [DESCRIBE HOW INJURY OCCURRE	D. (Enter nature af injury ir	n Part I ar Part II af item 18.)		AE2 X	NO [
MEDICAL	Hour o.m. p.m.	. 19	While	e Not While of	PLACE OF INJURY (Home, for octary, street, office bldg., etc	c.)	(Cau		(Stote)
	xxxxxxxxx	y that XI) (this ha	spital) atte	nded the deceased fram.	L L7 63 , hat death accurred a	19, ta1218 It9:_30M, fram causes	and an th	ne date state	we) Tas d abave
	22a. SIGNATURE	Esume C	UIN	Rymaun	22d. ADDRESS		12-	19-66	
230	NAME (Type) D. BURIAL, CREMATION	JEROME W.		MANN, M.D. 1 23c. NAME OF CEMETERY C		Hospital - Per			State)
	REMOVE Trify)	12 1		Arlington	National	Ft Myer, Vir			,
	EUMERAL DIRECTOR		TERAT.	ADDRESS			aclia	res Ju	del

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remayal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

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164	1	120	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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er death.	1 and 2, er death.		PLACE OF DEATH a. COUNTY Cocil MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATEMaryland b. COUNTY Cocil MARYLAND
24 hours after	Pages 1	-	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
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2	filled i apers. n 72 h		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FABM?
		/	Union Hospital 211 S. Main St.
executed within	rbon rwith	3	NAME OF First Middle Last 4. DATE Month Day Year DECEASED UTILITIES DESCENDED OF
W	ve cart	1	(Type or print) WILLIAM EARL REYNOLDS DEATH Dec. 23 1966%
utec	eve eve	5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS Igst birthday) Months Days Hours Min.
xec	and		Male White Widowed Divorced July 30, 1897 69 yrs.
	physician and n please removal, and in any	l d	Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY Working life, even if retired) Fireworks Cecil Co. Maryland USA
to to	20 .		PAGILITIES
fica	s ph en oval	1	3. FATHER'S NAME William T. Revnolds Alphonsa Howell
ert	ding ph Then removal	_	
death certificate be	ed by the attending ph transit permit. Then cremation, or removal	(15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) 216-16-9372 17. INFORMANT Mrs. Mary E. Reynolds North East, Md.
	the it p		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
requires that the	ed by the l-transit l, crema		PART I. DEATH WAS CAUSED BY: Cerebral arterial thrombosic 3 days.
law requires that t	signed burial-tra burial, cr		332X DUE TO
ires	bur bur		(b) Atterio se levelie Cerebral vasessian disease Many years.
redu	has been a as the bi		cause (a), stating the DUE TO
WE	as as prio	2	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
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G PHYSICIAN:	the nospital of the this certificate detached for use te Dept. of Health	CEDTIFICATION	
PHY	deta	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town) (State)
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OR ATTENDIN	2 = B		21. I certify that (1) (this hospital) attended the deceased from 8-21, 1964, to 12-23, 1966, that (1) (we) las
Eta	S S S S S S S S S S S S S S S S S S S		saw the deceased alive pn 12-23 19 %, and that death occurred at 1 P M, from the causes and on the date stated above
OR J	_ LL (1) >	1	ATTENDING MED. STAFF
	Page page filed	4	22c. HYSICIAN'S 22d. ADDRESS
O HOSPITAL	ا من ہے		(AME (Type) Jay S. Barnhart Jr. 4 Mauldin Ave. North East, Md.
D HOS	FUNER director, should b	2	Burial, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 12/28/66 Principio Methodist Cem. Principio Furnace, Md.
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

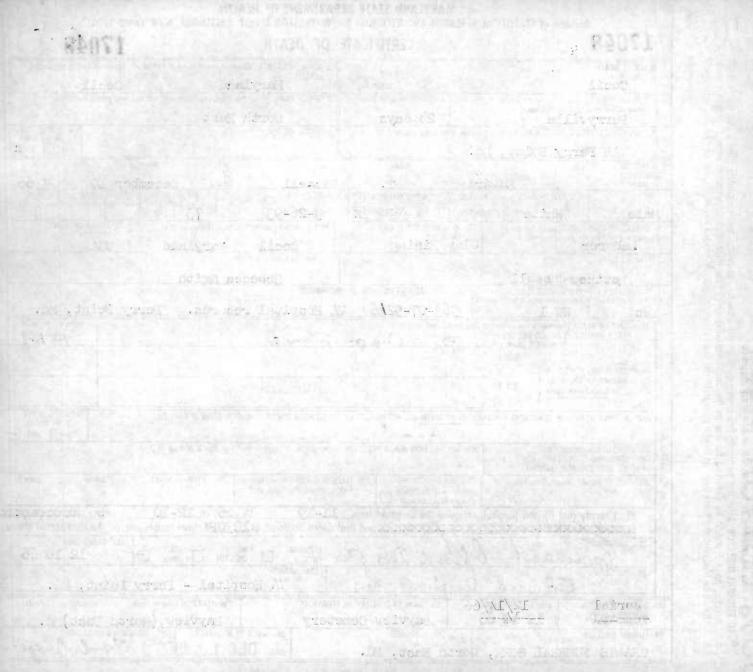
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13. FA	THER'S NAME	known			14		(Unkno				
(Yes, n	AS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dotes of WW I	of service)		17. INFO			Address		Md.	
Co ris ste	PART I. DEAT ### And It is any, the to immediate ofting the under st.	e cause (a), PUE	(c) Acu	te Pulmonary ute myocardi oronary thro	al i	nfarction is				3-5 3-5	days
ATION	ART II. OTHER SI	GNIFICANT CONDITIONS (ONTRIBUTING T	O DEATH BUT NOT RELATED	TO THE	TERMINAL DISEASE CO	NDITION GIVEN	IN PART I(o)		19. WA	AS AUTOPSY REFORMED?
CERT OF	R CONTRIBUTING	SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCUR	RED. (Ente	er nature of injury in	Port I or Part I	II of item 18.)			
MEDICAL	Hour o.n p.n	n. VA 19	While of work	Nat While at work	foctory,	F INJURY (Hame, farn street, affice bldg., etc.)	(City or town)	(Cou	unty)	(State)
	XXXXXXX	fy that (1) NEW CHAN	XXXXXXX	ded the deceosed from	n <u>Ju</u> that de	ath accurred at	19 <u>31</u> , to 2:00aM,	from causes o	nd on tl	he date :	
MI	20. STONATURE	le Ko St	incic	(mi)	M.D.	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR [STAFF PHYS.		ATE SIGNED	
	NAME (Type)						pital,I	erry Poi	nt,M	id.	
	URIAL, CREMATIC EMOVAL (Specify		EREOF 166	23c. NAME OF CEMETERY Arlingto		tional	Ft.	Myer, Va		(County)	(Stote)
1 4	UNERAL DIRECTO	R	201	ADDRESS		m 250. REC'	BY REGISTRA	25b. REG		IGNATURE On Lee	del.

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death ce**ptificate** be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. af Health prior to burial, crematian, or remaval, and in any event, within 72 haurs after death Page 4 may be retained by the haspital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17048 CERTIFICATE OF DEATH death 24 haurs after death physician and campletely filled in by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH o. COUNTY Cecil a. STATE b. COUNTY Maryland Cecil. MARYLAND b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) 24 days North East Perryville d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d STREET ADDRESS within 72 YES NO E VAH Perry Point, Md. 3. NAME OF Middle Last 4 DATE Doy Yeor DECEASED December 10 19 event. Edward Russell DEATH (Type or print) certificate be executed IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Haurs 3-26-93 and in any Male White WIDOWED DIVORCED 12. CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar foreign country) INDUSTRY av Mining COUNTRY? during most of working life, even if retired) Maryland USA Cecil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME emov Matthew Russell Rebecca Smith IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address requires that the death (Yes, na, ar unknown) (If yes give war ar dates af service) 563-07-921.6 VA Hospital records. Perry Point, Md. Yes WW] crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by DUF TO burial, Canditians, if any, which gave rise to immediate couse (a) DUE TO stating the underlying couse the hospital or attending this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) Health nemla YES -NO F Jo. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 20a. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth. Day, Year foctory, street, affice bldg., etc.) Not While 19 at work at work FUNERAL DIRECTOR: After be retained by , 19 66, to 12-10 21. I certify that (I) (this haspital) attended the deceased fram 11-19 22g. SIGNATURE 22b. DATE SIGNED **ATTENDING** 12 10 66 DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type VA Hospital - Perry Point, Md. directar, shauld b 23b. DATE TYPE 166 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURNINE EMATION (County) (State) REMOVAL (Specify) Bayview Cemetery Bayview (North East) Md 0 2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1956 GRANTS FUNERAL HOME, North East, Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17049 death. requires that the death certificate be executed within 24 haurs after death. and 2. USUAL RESIDENCE (Where deceosed lived, if institution: and campletely filled in by the funeral remave carban papers. Pages 1 and in any event, within 72 haurs after deat PLACE OF DEATH Residence before admission) a. COUNTY b. COUNTY Maryland Cecil ΜΔΡΥΙ ΔΝΠ c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Baltimore days Perry Point d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 402 W. Pratt Veterans Administration YES | NO X 3 NAME OF First Middle Last 4 DATE Month Day Year DECEASED 8 December 66 SFAMAN. Michael 19 DEATH (Type or print) IF UNDER 1 YEAR DATE OF BIRTH AGE (In years IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Months Haurs Days White M WIDOWED DIVORCED 1-22-11 55 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY the attending physician sit permit. Then please Hazleton, Pa. Pipefitter 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary Serbock remaya Andrew Seaman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknawn) (If yes give war ar dates of service) VAH, Perry Point, Maryland VA Records 213205099 Yes INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) Broncopneumonia Bilateral burial-transit 1 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by DUE TO burial 4-7 days Congestive Heart Failure Canditians, if ony, which gave rise to immediate cause (a). DUE TO stating the underlying cause be retained by the hospital ar attending priar to Unknown TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been as the Arteriosclerotic Heart Disease last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? CERTIFICATION use Health YES X NO for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, affice blda., etc.) Hour a.m. Nat While ot work 19 66 that His weblax 19 66 ta 21. I certify that (1) (this haspital) attended the deceased fram. 12-5 shauld weekthe decreased all the date stated above 22b. DATE SIGNED 22a, SIGNATURE 12 10 66 ATTENDING STAFF PHYS. DIRECTOR M.D. PHYS be filed 22d. ADDRESS 22c. PHYSICIAN'S SEYMOUR GOLDGRABEN NAME (Type) MD. VAH Perry Point. Md. directar, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE THEREOF (Caunty) (Stote) REMOVAL (Specify)
Removal Long Island N.Y. Long Island National 12 10 66 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Charles

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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VI	7.	PLACE DF DEAT a. COUNTY						2. USUAL R		(Where dece	ased lived, If in b. COU	NTY ~			mission)
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		d. NAME OF HO	SPITAL OR INST	ITUTION (if n	ot in hospit	al, give stre	et address)	d. STREET A	DDRESS				0.	IS RESI	DENCE ARM?
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ш	5.	SEX	6. COLOR OR			NEVER MAR	RIED	8. DATE OF B		9.	AGE (In years				
		力 大	W	WID	OWED [DIVOR	CED	7-18	- 11	5	last birthday)	Months	Days	Hours	MIn.
	1Da	a. USUAL OCCUPAT	ION (Give kind o	work done	10b. KIND	OF BUSINESS	OR	11. BIRTHP	LACE (Coun	ty & State,	or foreign countr		ITIZEN C		
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	1	18. CAUSE DF	DEATH [Enter o	nly one cause	per line f	or (a), (b), an		- () // (- /	12					VAL BET	
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17057 CERTIFICATE OF DEATH death. ecuted within 24 haurs after death pup campletely filled in by the funeral nave carban papers. Pages I and IV event, within 72 haurs after deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Cecil District of Columbia b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, r LENGTH OF STAY IN 16 write RURAL and give nearest town)
Perry Point Washington 3 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? VA Hospital 707 E. Capitol Street YES | NO X NAME OF 4. DATE please remave carban First Dov Year DECEASED Willis Jarrel 1 Sherman DEATH December 9. AGE (In years lost birthdoy) IF UNDER IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED XX 8. DATE OF BIRTH NEVER MARRIED Months Dovs Hours August 2, 1884 Male White WIDOWED DIVORCED and in any 12. CITIZEN OF WHAT 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if refired)
Meat Cutter INDUSTRY Grocery COUNTRY? County unknown - Georgia U.S.A. physician requires that the death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remova Unknown Jenny Stencil signed by the attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 577H09-7128 VA Hospital Records, Perry Point. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) 2 days PART I. DEATH WAS CAUSED BY Bronchopneumonia of both lower lobes IMMEDIATE CAUSE (o) DUE TO Arteriosclerotic Heart Disease, severe Conditions, if ony, which gove Many years rise to immediate couse (a), DUE TO stoting the underlying couse attending this certificate has been Transtrochanteric fracture of left hip 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ox YES X NO the hospital ar 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Hour o.m. Not While TO FUNERAL DIRECTOR: After 19 66 , ta 1966, OKONEXUNCKWEICKON 21. I certify that (1) XIXIX KOSONOS attended the deceased fram. 22b, DATE SIGNED 22o. SIGNATURE 12-18-66 DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S VICTOR .BORGES, M.D. VA Hospital, Perry Point, Md. NAME (Type) director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION. 23b. DATE THEREOF (County) REMOVAL (Specify) Prince George Co Md Fort Lincoln 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Their prease remove carban papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

17048

17053

CERTIFICATE OF DEATH

	PLACE OF DEATH a. COUNTY	Cecil	RYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE DISTRICT OF COLUMBIA								
	write RURAL o	(If autside carparate limi nd give nearest tawn) Perry Poi	nt	c. LENGTH OF STAY	ys	c. CITY OR TOWN (If at Was	utside corpo hingt	rate limits, write RU On	IRAL ond giv	e neares	t town)	
7	d. NAME OF HOSP	VA Hospit		give street address)		d. STREET ADDRESS 363	5 R S	st N W			e. IS RESID ON A FA YES	NO XX
	3. NAME OF DECEASED (Type or print)		irst Margar	et H.		Stevens	4. DATE OF DEAT	H Dec	camber		19	66
	S. SEX Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRI		12-3-00		9. AGE (In years last birthday) 66 yrs.	Months Months	Doys Doys	Hours	Min.
	10a. USUAL OCCUPATION during most of working Real Esta 13. FATHER'S NAME	ON (Give kind of work done on life, even if retired) TO Broker	RIN	IND OF BUSINESS OR IDUSTRY Estate		11. BIRTHPLACE (County Weshing 14. MOTHER'S MAIDEN	ton,		12. CI CC	TIZEN OF	S A	
		m R. Harris	on			Mary M						
	15. WAS DECEASED E (Yes, no, or unknown	VER IN U.S. ARMED FORCES: (If yes give war or dotes		SOCIAL SECURITY NO. 17 54 95		NFORMANT VAH Perry Po	oint,	Md. Ho	ess spita	l Re	cord	s
	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. (c) Mediastinitis, and Empyema, right DUE TO perforation of esophagus (b) DUE TO (c)									onset and death 3 weeks		
7	PART II. OTHER	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g)								19. Y	19. WAS AUTOPSY PERFORMED? YES XX NO	
	OR CONTRIBUTION	/AS UNDERLYING ☐ IG ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DI	ESCRIBE HOW INJURY	OCCURRED.	(Enter noture of injury in	Part I ar P	art 11 of item 1B.)				
	Hour of	o.m. 19	While at war	k L at wark L	fact	CE OF INJURY (Hame, farmory, street, affice bldg., etc.				unty)	(State)
	22a. SIGNATUR	106-186	spital) atten	ded the deceased	d fram and tha M.	ATTENDING DATES 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.	22b. D	he dat		dbave.
4	NAME (Ty)	OOBL DI		OR, M.D.				al,Perry				
	23a. BURIAL, CREMA REMOVAL (Speci Removal	7Bun. 12/	21/66-	23c. NAME OF CE		Vational ZSG. REC		LOCATION (City or To		(County	,	tote)
	GAWLERS	1.7	ME- Was	hington D	C	DATE DE	C C C	1956 /	Clar	les !	Judg	e.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17054 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 hours after death. and campletely filled in by the funeral remave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY o STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) papers. Pag hin 72 haurs d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME DE HOSPITAL DR INSTITUTION (If not in hospital, give street address) within 72 ND X YES 3. NAME OF Middle 4. DATE Last Month Doy Year DECEASED OF 19 (Type or print DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR DR RACE 7. MARRIED AGE (In years lost birthdoy) NEVER MARRIED Months Dovs Hours WIDDWED DIVDRCED KIND OF BUSINESS DR 12. CITIZEN DF WHAT 1Do. USUAL DCCUPATION (Give kind of work done 1Db. 11. BIRTHPLACE (County & Store, or foreign country) during most of working life, even if retired) COUNTRY? NOUSTRY 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond-(c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TD stoting the underlying couse as the O FUNERAL DIRECTOR: After this certificate has been priar to 19. WAS AUTOPSY PERFORMED? PART II, DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use ND YES be retained by the haspital ar 20b. DESCRIBE HDW INJURY DCCURRED. (Enter noture of injury in Port I or Port II of item IB.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NDTIFY MEDICAL EXAMINER 2De. PLACE DF INJURY (Home, form, (City or town) (Stote) 20c. TIME DF INJURY Month, Doy, Year 2Dd. INJURY DCCURRED 2Df. (County) foctory, street, office bldg., etc.) Not While at work 2 Dec., 1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram. 1962 to 30 Nov. 1966, and that death accurred at 7.20 P.M. fram causes and an the date stated above. saw the deceased alive an_ 22g. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. M.D. DIRECTOR 22d. ADDRESS 22c PHYSICIAN NAME (Type) Russell G. Doyle 33 director, 23c. NAME OF CEMETERY DR CREMATDRY 23d. LOCATION (City or Jown) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMD VAL (Specify) 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Charles 1966 VR A15 (4)



YLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINE PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If Institution: Residence before admission . COUNTY Harford b. COUNTY e. STATE director, Page ō for your files. MARYLAND Department b. CITY OR TOWN (if outside corporete limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest lown) write RURAL and give nearest town Edgewood d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 337 McCann Street refained the State hours after YES NO 3. NAME OF First Middle 4. DATE Month Dey DECEASED (Type or print) 9. AGE (In years 1 IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED IF UNDER 24 HRS last birthday) Months Devs Hours WIDOWED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired! NSPECT 13. FATHER'S NAME MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMAN Address with No 18. CAUSE OF DEATH [Enter only one seuse per line for (e), (b), and (c).] INTERVAL BETWEEN Office along or remova burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) DUE TO FNTIRE Conditions, if any, which cremation, geva rise to immediata cause Medical Examiner's DUE TO (a), stating the underlying pesn cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9): 19. WAS AUTOPSY CERTIFICATION to burial, PERFORMED? writing the word Chief Medical E NO V plnods 20a. EXTERNAL CAUSE WAS PRIMARYUD or CONTRIBUTING CAUSE OF DEATH. 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) prior the Chie 20c. TIME OF INJURY Month Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, (State) fectory, street, office bldg., etc.) at work WORTHEAS forwarded to the DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspection Inquiry death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ease execute the should be forward ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER ŏ EXAMINER'S NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION. 22b. 22d. LOCATION (City, town, or county) REMOVAL (Specify) 40 T Trinity Lutheran Cemetery Harford Md Burial Joppa 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS VR A15ME 1966 Howard K. McComas & Son, Abingdon, Md. 21009 5M 1/63

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 17056 18063 HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY any deloy is 2, and 3 to P.M.3. Page of CECIL Maryland Ceci1 MARYLAND with the Stote Deportment b. CITY OR TOWN (If outside carporate limits, c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) E1kton E1kton d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office olong with form be executed within 24 hours ofter deoth. If 102 Stockton Street Item 18. Give Poges 102 Stockton Street YES NO K 3. NAME OF Middle DATE Month Day Year DECEASED MALLORY TOY (Type or print) PACEN 31. DEATH December 19 66 IF UNDER 24 HRS. S SFX 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED last birthday) Months Days Haurs deoth Jan. 19. ond 2 White WIDOWED DIVORCED Male 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most af warking life, even if retired) INDUSTRY COUNTRY? Marvland = 13. FATHER'S NAME pencil 14. MOTHER'S MAIDEN NAME the Chief Medical Examin .⊆ within 72 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. permit. (Yes, na, ar unknown) (If yes give war ar dates of service Mrs. Pearl Fields, North East, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) buriol-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH ony event IMMEDIATE (AUSE (a) Arteriosclerotic cardiovascular disease This certificate should e, writing the word forwarded to the Ch DUE TO Conditions, if any, which gave rise to immediate cause (a), = DUE TO stoting the underlying couse and last. be used 19. WAS AUTOPSY PERFORMED? removol PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION please execute the certificate, YES X NO 4 should be 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should PRIMARY ar CONTRIBUTING cremotion, or MEDICAL EXAMINER: CALISE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) Not While Hour o.m. Your foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Poge Poge ot work 21. I certify that I taok charge of the remains described above, held an Autapsy X Inspection Inquiry and in my opinion prior to burial, Natural causes X deoth resulted fram: Accident Suicide Undetermined manner funerol director. Hamicide be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE DEPUTY MEDICAL EXAMINER January 1, 1967 **EXAMINER'S** Charles S. Springate, M.D. TO FUNER Health may NAME (Type) Address (Street, city, town, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. (County) (State) 5 BURNOVAL (Specify) Bethel Cecil Co. Md . Cemetery Bethel 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) 6M 1/67 Is, Funera Elkton.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17057 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY o. STATE 2, and 3 ta PM3. Page b. COUNTY after death. Maryland Cecil MARYLAND Cecil State Department CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Dav Elkton Elkton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? pending" in pencil in Item 18. Give Pages 1, ef Medical Examiner's Office along with farm Tours in Item 18. Give Pages 1, 106 Mitchell St. NO X Union Hospital NAME OF Middle 4 DATE Month Year DECEASED with the (Type or print) DEATH 12 19 19 66 Ear1 Frank Trautman 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH NEVER MARRIED lost birthdoy) Months Hours pages land2 v in any event v 4/27/1905 WIDOWED DIVORCED male white 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Forman RMR Corp INDUSTRY Electric Motors COUNTRY? Penna. pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Frank Henry Trautman and Annie Bard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 106 Mitchell (Yes, no, or unknown) (If yes give war or dotes of Yes 9/13/20-7) ar remayal. 161-03+0074 Ruth N. Trautman Elkton, Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN e certificate, writing the ward "pe shauld be farwarded ta the Chief PART I. DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease ONSET AND DEATH IMMEDIATE CAUSE (o) certificate should burial, crematian, DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES X NO the certificate, 5 may be retained rar your income to FUNERAL DIRECTOR: Page 3 shauld be Health ar its designated agent, priar to 20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While ot work 21. I certify that I took charge of the remains described above, held on Autopsy [X], Inspection . ond in my opinion Inquiry Notural couses X Accident Suicide . deoth resulted from: Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral TO DEPUTY DEPUTY MEDICAL EXAMINER 12/20/66 **EXAMINER'S** Werner U. Spitz, M.D. Address (Street, city, town, or county) NAME (Type) 23b. DATE THEREOF 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stole) 12/22/66 Elkton, Elkton Cemetery C ecil Md. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR DEC 1966 VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

ATE		17058	/ /	EDICAL	EXAMINER'S	CERTIFICA	TE OF	DEATH	1	705	2
DEPI.		LACE OF DEATH	H			2. USUAL RESIDE	NCE (Where	deceased lived, If b. COUN		idence befo	re admission)
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	ь	. CITY OR TOWN (write RURAL and	if outside corporate give neerest town		c. LENGTH 23 STAYIN IS	c. CITY OR TOWN	(If oulside co	rporata limits, write	RURAL and g	ive nearasi	lown)
		Perryvi			1 yr 2 mos	Sharon				7.5	3
4.3	d	. NAME OF HOSPI	TAL OR INSTITUTION	ON (if not in hos	pitel, give street eddress)	d. STREET ADDRES	S				RESIDENCE
27		VAH Per	ry Point	Md.		473 Pri					□ NO □x
	1	DECEASED			Middle	Lesi	4. DATE	Month			Your
		Type or print)	Anth			White	DEAT	2000			19 66
	S. S	SEX	6. COLOR OR R	ACE 7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	1	AGE (In years lest birthdey)	Months De		DER 24 HRS.
		Male	White	WIDOWE	7=-1	10-21-96		70 yrs.			
		USUAL OCCUPAT during most of wo			ND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Ste	te or foreign c	ountry)	12. CITIZI	EN OF WHA	AT COUNTRY?
		Labore	r			Pennsyl			US	SA	
	13.	FATHER'S NAME				14. MOTHER'S MAIDE					
		Thomas					ine Der		Sec.		
		WAS DECEASED EV		es of servica)	SOCIAL SECURITY NO. 17.			Address			
		Yes	WW l		77-09-5640	VA Hospital	recore	S			
					ine for (e), (b), end (c).]					ONSET AN	
133		PARI I. DEAI		E (e) Seve	re crush inj						
		8127	DU		lting in mul				spine		
- 1		Conditions, if any		(b) Mult	iple fractur	es of ribs,	bilat	eral			
633		geve rise to immed (a), stating the L	DII	E TO					9.3.39		
		cause lest.			ture of base						
	NO	PART II. OTHE	R SIGNIFICANT CO	ONDITIONS CON	ITRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	EN IN PART 1	(e) 19. WA	REORMED?
2	CERTIFICATION									YES [NO 🗌
	KTIH	200. EXTERNAL C.	ONTRIBUTING [BE HOW INJURY OCCURED.			of item 1B.)			
	-	CAUSE OF DEATH			sed was run						
-	WEDICAL	20c. TIME OF INJU	JRY Month, De	y, Yeer 20d. While	41	LACE OF INJURY (Homa, fe actory, street, office bldg., a		ity or town)	(County	у)	(Stele)
7	WED	10:10 p.m.	/	1966 at wor	k at work	street		y Point	Ceci:	1	Md.
		21. I certify t	hat I took char	ge of the rem	nains described above, l	held an Autopsy,	Inspection	n . Inqui	У Д.	and in my	opinion
		death resulted	from: Natura	al causes .	Accident X Su	icide , Homicide	e [], U	ndetermined n	anner		
	9		100	0 1 -	-	CHIEF MEDICA	L EXAMINER [
		ACTUAL SIGNATURE	Fulnul 1	e. way	untos.	M.D. ASSISTANT MI	EDICAL EXAM	NER _		DATE	SIGNED
-		7				DEPUTY MEDIC	AL EXAMINER	X		12_	12-66
2		NAME (Type)				Address (Street					
2.	22e.	BURIAL, CREMATIC			22c. NAME OF CEMETERY		1000	ATION (City, town		(State)
	R	emoval	12/13	156	St. Mary's	Cemetery H	lickor	v Twnsp	. Me	rcer.	Pa.
	22	FUNERAL DIRECT	Wind and the	1-	ADDRESS	24a. R	EC'D BY REGIS	TRAR 246. REG	IN JAPAR'S SIG	MATURE	A 40 15
	1	LUGGLE	2000	Sanda	Dannurilla M	d for	DEC 1 C	1966	Muare	By Jun	tel
	A J	atterson	Funeral nus Fune	Home,	Perryville, M		DEC 16	1966 REG	Clare	es Jus	ge.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17059 FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY and 3 to M3. Poge of CECIL deoth. Maryland CECTL MARYLAND Department b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. CITY OR TDWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 16 ofter E1kton E1kton U. G. H.

d. NAME OF HOSPITAL DR INSTITUTION (If nat in haspital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? e State 172 hours o Office olong with form Union Hospital YES NO X R.D. Locust Point Road in Item 18. Give Poges 24 hours ofter death. 3. NAME OF First 4. DATE Last Manth Year DECEASED 22 19 66 within (Type or print) BARBARA WILSON December MAE DEATH YEAR IF UNDER 24 HRS. S. SEX AGE (In years IF UNDER 6. CDLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Days Hours Female. White WIDOWED DIVDRCED event 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR (State ar fareign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) INDUSTRY pages I DEL. HOUSEWIFE
18. FATHER'S NAME d "pending" in pencil in Chief Medicol Examiner's WILKNING TON pencil be executed within NOW CARRNCE 6. SWEETMAN pup WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, ng, or unknown) (If yes give war ar dates af service) removol, ELMER 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN **burial-tronsit** ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Multiple traumatic injuries 0 IMMEDIATE CAUSE (a) .. e, writing the word forworded to the Ch certificate should cremotion, DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying cause used os buriol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS'
PERFORMED? CERTIFICATION YES X NO certificote, 0 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) agent, prior should CAUSE OF DEATH. Passenger in head-on collision 20d. INJURY OCCURRED 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, (Stote) 10:55 nm Nat While factory, street, affice bldg., etc.) moy be retained for your FUNERAL DIRECTOR: Page 12-22 1966 at work at work highway east of Elkton Ceci1 designated 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection . Inquiry . and in my opinion Suicide , Accident X. Undetermined manner death resulted from: Natural causes Homicide | CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE TO DEPUTY Charles S. Springate, M.D. 0 DEPUTY MEDICAL EXAMINER December 23, 1966 **EXAMINER'S** Health NAME (Type) Address (Street, city, tawn, or county) 23d. LOCATION (City or Town & CASSUNTY) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 50 BURIAL (Specify) HESAPEAKE 24. FUNERAL DIRECTOR VR ATSME S DATE 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

1	tems 18%			MARYLAND ST.	ATE DE	PARTMENT OF	HEALTH			
MA		Division of STATIS	TICAL RESE	ARCH AND RECO	RDS, 30	1 W. PRESTON STI	REET, BALTIMOR	E, MARYLAN	ND 21201	
AJE	1706	0	MED	ICAL EXAMII	NER'S	CERTIFICATE	OF DEATH		1705	4
PT.	1. PLACE OF DEATH	l					(Where deceosed liv		Residence before	odmission)
within /2 hours after death.	Ce	cil		MAR	YLAND	o. STATE Mar	yland	b. COUNTY	Cecil	
	b. CITY OR TOWN	(If outside corporate limited give peoples town)	ts,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If	autside carporate lim	its, write RURAL	and give nearest	tawn)
		and give neorest town) kton		D.C.A.		Che	sapeake C	ity	0	7,1
	d. NAME OF HOSI	PITAL OR INSTITUTION (If n	ot in hospitol,	give street oddress)		d. STREET ADDRESS		-	е.	. IS RESIDENCE ON A FARM?
7	Un	ion Hospita	1							ES NO X
	3. NAME OF DECEASED	F	irst	Middle		Lost	4. DATE OF	Month	Doy	Year
1	(Type or print)	ELME	1	BLAIN		WILSON	DEATH	12	28	19 66
	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE		8. DATE OF BIRTH	lost		Onths Doys	Hours Min.
	Male	White	WIDOWED	DIVORCE		June 24, 1	713 73	yrs.		
	during most of working	ON (Give kind of work done ng life, even if retired)	10b. KI	IND OF BUSINESS OR IDUSTRY Tax Work		11. BIRTHPLACE (Sto			12. CITIZEN OF COUNTRY?	WHAI
	Account 13. FATHER'S NAME	tant		Tax Work	4.	Salisb	ury, Md.		U.S	A
	E men	B. Wilson VER IN U.S. ARMED FORCES	n lu	SOCIAL SECURITY NO.	17	Lula W	ilson	Address		
	(Yes, no, or unknown	(If yes give wor or dotes	of service I						e e e	202
	no	DEATH (C. 1 1		20-01-914	-0 1	Dais y Ma	y Wilsor	unes.		RVAL BETWEEN
	PART I. D	DEATH (Enter only one co EATH WAS CAUSED BY:	Ant	(a), (b), ond (c).)	otic	cardiova	scular d	sease		ET AND DEATH
	422	/ IMMEDIATE CAUSE	(o)	7012020202		7 001 02010		20000		
	Conditions, if o		(b)							
	rise to immedi		E TO							
	lost.	derlying coose	(c)			12				
l	PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RE	ATED TO	THE TERMINAL DISEASE C	ONDITION GIVEN IN	PART I(o)	19.	WAS AUTOPSY PERFORMED?
	200. EXTERNAL PRIMARY Or of CALISE OF DEATH									NO [
	200. EXTERNAL	CAUSE WAS	20b. DE	SCRIBE HOW INJURY C	CCURRED.	(Enter noture of injury i	n Part I or Part II of	item 18.)		
ı	CAUSE OF DEATH								7	
1	20c. TIME OF I	NJURY Month, Doy, Year	20d. II While	NJURY OCCURRED Not While	20e. PLA	CE OF INJURY (Home, fa tory, street, office bldg., et	rm, 20f. (City	or town)	(County)	(Stote)
		p.m. 19	ot wor	k 🔲 ot work 🔲						
		ify that I took chorg								in my opinion
	death res	ulted from: Natur	al causes	Accident _	, Suid	ide, Homicid		ermined moni	ner 🗌	
	ACTUAL	11/10/10	1				AL EXAMINER	1	25	2. DATE SIGNED
	SIGNATURE	POM	1 cm	my		M.D.	EDICAL EXAMINER	4	2.2	L. DAIL SIGNED
-	EXAMINER'S NAME (Type)	Rudiger B:	reitene	cker, M.D.	1		CAL EXAMINER	unty)		12/28/6
	23o. BURIAL, CREMA REMOVAL (Spec	TION, 23b. DATE TH	HEREOF	23c. NAME OF CEM	ETERY OR	CREMATORY		N (City or Town)		(Stote)
	Burial	172=37	-66	Beth	nel			apeake		Md.
	24. FUNERAL DIREC		- N	ADDRESS		Elkton	BY REGISTRAR 6	2Sb. REGIS	TRAR'S SIGNATURE	Lac.
/ No	TPPTN FU	MERAL HOM	E / A	111/1	2.	DATE OF BATE		U	1	1

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 17061 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY CECIL Maryland DECIL MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 pup O.A. E1kton P.O.M.
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) e. IS RESIDENCE ON A FARM? hours Union Hospital in Item 18. Give Poges NAME OF First within 72 DECEASED OF DEATH FLOYD BLAIN 1966 WILSON December (Type or print) B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) 30 yrs. 8-24-36 White WIDOWED Male be executed within 24 hours ond 2 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) DREDIE BOAT Ony NELDER 13. FATHER'S NAME pages in ony 14 MOTHER'S MAIDEN NAM in pencil puo 16. SOCIAL SECURITY NO. Address # ESAPEARE or removol. or unknown) (If yes give wor or dates of service) ELMER 219-30-2054 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN I. DEATH WAS CAUSED BY: Fracture of cervical spine IMMEDIATE CAUSE (o) certificate shauld writing the word burial, crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (a) DIJE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES X NO 20o. EXTERMAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) Driver in head-on collision CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.)
highway While of work Not While of work 10:55 SCK 12-22 1966 moy be retoined for your FUNERAL DIRECTOR: Poge east of Elkton Cecil Md. 21. I certify that I tack charge of the remains described above, held an Autopsy [X], Inspection Inquiry and in my opinian be retoined for death resulted fram: Accident X Suicide . Natural causes Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 5 moy be reto
TO FUNERAL DII
Health or its d ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE TO DEPUTY December 23, 1966 Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 230. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) - 27-VR A15ME (5)

Trong a communication of the second of the s . htt _little grant become

	1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	E 707	17062 Thom #230 & CERTIFICATE OF DEATH 17056
	in by the funeral s. Pages Land 2 hours affer death.	1. PLACE OF DEATH a. COUNTY Cecil county ARRYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Cecil County MARYLAND
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Muddy Lane Rd. Red Hill R.D. 4
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	n 24 y fille pape hin 73	Union Hospital of Cecil County YES NO
	ted within 24 tompletely filled carbon paper event, within 72	3. NAME OF First Middle Last 4. DATE Month Day Year OF DEATH
	executed within and completely remove carbon prany event, within	5. SEX Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 12/5/66 9. AGE (in years if UNDER 14 HRS. Months Days Hours 3 in the last birthday) Willowed Divorced 12/5/66 9. AGE (in years if UNDER 14 HRS. Months Days Hours 3 in the last birthday) Willowed Divorced 12/5/66
	certificate be e nding physician Then please remova, and n	10a. USUAL OCCUPATION (Cive kind of work done done lindustry) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Cecil Co. Maryland 12. CITIZEN OF WHAT COUNTRY?
		13. FATHER'S NAME
	nding Ther remov	Gary Lee Zeman Helen Abrams 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	_ e= e	(Yes, no, or unkown) (If yes give war or dates of service) MRS' HELEN ZEMAN REDHILL, MD.
	F . > S E	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTERVAL BETWEEN ONSET AND DEATH
	sign sign uria uria	Conditions, if any, which gave rise to immediate (b) hyali me like membrane of large has
	law requir strending p has been e as the bi prior to b	cause (a), stating the underlying cause last. (c) am-relotic fluid aswireton
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO []
	Spill Spill Sert led of	ZOG. ACCIDENT WAS UNDERCTING CAUSE OF DEATH 200. DESCRIBE NOW INJURY OCCURRED. (Enter nature or injury in Part 1 of Part 11 of Rein 16.) CONTRIBUTING CAUSE OF DEATH 200. DESCRIBE NOW INJURY OCCURRED. (Enter nature or injury in Part 1 of Part 11 of Rein 16.)
		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, stre
	ATTENDING retained by CTOR: After should be vith the Stat	21. I certify that (I) (this hospital) attended the deceased from
	OR ATTE be retail IRECTOR te 3 sho ed with t	saw the deceased alive on 19, and that death occurred at M, from the causes and on the date stated above. 22a. SICNATURE Pis tholy 22b. DATE SICNED
	OR be	Inche Cofee M.D. ATTENDING MED. 18 Dec 9-66.
	F = \$ -8 .	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS 605 WO b. D. Mad Mecwik-Del.
	TO HOSP Page 4 TO FUNEI director should I	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY, OR CREMATORY, 23d. LOCATION (City, town or county) Md (State) REMOVAL (Specify) 12/8/66 BROOK 19/14/14 CHARLET PROPERTY OF COUNTY) MD (State) 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. DEGISTRAR'S SIGNALURE
	VR AI5 (4) 20M 1/65	Rolph m Reed RISING SUN, MD. DEC 12 1966 June 1966

1311 fload) Shert date . of finet TELEN ZEHMA STOHILL NO - heretone - the goldmanne of these devel CONTRACTOR OF THE BUILDING AS A SECTION OF THE SECTION The second secon